



"Express Mail" mailing label number EV 327106096 US

Date of Deposit: January 20, 2006

Our Case No. 10022/219

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
G. Victor Guyan et al.)	
)	Examiner: Frenel, Vanel
Serial No. 09/667,611)	
)	Group Art Unit No. 3626
Filing Date: September 22, 2000)	
)	
For CAPTURE HIGHLY REFINED)	
CLAIM EVALUATION)	
INFORMATION ACROSS)	
MULTIPLE WEB INTERFACES)	

APPEAL BRIEF

Mail Stop Appeal Brief-Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Appeal is in response to the Office Action mailed October 20, 2005¹².

¹ Appellants are filing a Notice of Appeal concurrently with the present Appeal Brief. Since the Notice of Appeal was filed within three months of the mailing date of the Office Action and the present Appeal Brief is being filed within two months of the filing of the Notice of Appeal, the present Appeal Brief is timely filed.

² The Office Action mailed October 20, 2005 is a non-Final Office Action. Since the Office Action presents a second rejection for the claims that were pending as of October 20, 2005, Appellants have the right to appeal the rejections made in the Office Action pursuant to 37 C.F.R. § 41.31(a)(1).

I. REAL PARTY IN INTEREST

It is believed that Accenture L.L.P. is the real party of interest in this Appeal pursuant to the following: 1) a recorded assignment of the above-identified application to Andersen Consulting executed by both of the inventors of record and 2) a recorded assignment of the above-identified application to Accenture L.L.P. by Andersen Consulting.

II. RELATED APPEALS AND INTERFERENCES

The undersigned, John C. Freeman, is not aware of any other appeals, interferences or other judicial proceedings that may be related to, would directly affect or be directly affected by or have a bearing on the Board's decision in the pending Appeal.

III. STATUS OF CLAIMS

The status of the claims is as follows:

Claims 1-42 are rejected under 35 U.S.C. § 103(a) for being obvious in view of U.S. Patent No. 6,073,104 to Field and U.S. Patent No. 5,359,509 to Little et al.

Claims 43-45 are rejected under 35 U.S.C. § 103(a) for being obvious in

view of Field, Little et al. and U.S. Patent No. 5,862,325 to Reed et al.

The above-mentioned rejections of claims 1-45 are the subject of this Appeal.

IV. STATUS OF AMENDMENTS

A Response was filed on September 19, 2005 regarding a Final Office Action mailed on July 18, 2005. A non-Final Office Action was mailed on October 20, 2005, which withdrew the finality of the July 18th Office Action. No Amendment or Response has been filed regarding the October 20th Office Action prior to the filing of the present Appeal Brief.

V. SUMMARY OF CLAIMED SUBJECT MATTER

An understanding of the invention of independent claims 1, 15 and 29 can be made upon a review of the embodiments of the invention shown in Figs. 1-6 of the specification. Note that in the description to follow, like elements will employ identical identification numerals.

Fig. 1 shows an embodiment of a computer network 100 that includes personal or workstation computers (such as computers 110 and 120) and system or enterprise computers (such as server 130, system 150, and

system 140) (P. 5, ll. 18-20). In this scenario, computers are termed client computers, server computers, or system computers (P. 6, ll. 1-2). In addition, the terms “client” and “server” are used to refer to a computer’s general role as a requestor of data (client) or provider of data (server) (P. 6, ll. 3-4).

Insurance host server 130 maintains a database of claim folder information (P. 6, ll. 19-20). Claimant client 110 accesses insurance host server 130 to update, enter, or review claim folder information (P. 6, ll. 20-21). Claim handler client 120 accesses insurance host server 130 in order to review, evaluate, and/or fulfill claim folder data (P. 6, ll. 21-23). Vendor system 150 interconnects to insurance host server 130 through network 100 in order to: receive order placement from insurance host server 130; update database information to insurance host server 130; respond to database access requests from insurance host server 130; and update or respond to status information from insurance host server 130 (P. 6, l. 23 – P. 7, l. 4). Insurance back office system 140 interfaces to insurance host server 130 in order to: receive check requests from insurance host server 130 and update insurance host server 130 as to the status of checks cut from the system (P. 7, ll. 4-6).

Fig. 2 shows a computer network containing an insurance host

server 130 and a claimant client 110 (P. 7, ll. 14-15). In this example, a claimant client 110 is interconnected through network 100 to the insurance host server 130 (P. 7, ll. 15-16). Insurance host server 130 includes conventional components, such as processor 235, memory 245, I/O controller 250, and network interface 260 (P. 8, ll. 6-9).

It will be appreciated that the present invention may be implemented in software which is stored as executable instructions on a computer readable medium on the client server and systems, such as mass storage devices 225 and 255, respectively, or in memories 215 and 245, respectively (P. 8, ll. 19-22).

Fig. 3 illustrates the hierarchy of the various levels within a claims folder (P. 9, l. 4). Note that an insured is one who is insured by the policy; a claimant is one who is making a claim against the policy (P. 9, ll. 5-6).

Claims folder 300 contains all of the policy information, information about the insured, and information about claims for a given client (P. 9, ll. 11-13). Within a claims folder 300 are one or more policy levels 310 and 320 (P. 9, ll. 13-14). The policy level 320 contains all the information relevant for a given policy (P. 9, ll. 17-18).

Below policy level 320 is insured level 330 (P. 10, l. 1). Insured level 330 contains all information relevant about the insured (P. 10, ll. 1-2).

Below the insured level 330 is the claim level 340 (P. 10, I. 11). The claim level 340 has general information about the claim raised against the policy (P. 10, II. 11-12). The claim level 340 may include the date of the claim, the nature of the claim, and general information relevant to the type of claim (P. 10, II. 12-14). A property loss claim may include information about the police report or the nature of the theft (P. 10, II. 14-15). A medical claim contains information about the general nature of the medical situation (P. 10, II. 15-16).

The claimant level 350 is below and within the claim level 340 and has full details about the claimant (P. 10, II. 17-18). The claimant's name, address, phone numbers, and other general contact information are within this level (P. 10, II. 18-19).

Below and within the claimant level 350 is the line level 360 which details the various types of claimed damages levied by a particular claimant (P. 11, II. 3-4). A single claimant might have multiple types of claims that are represented by different lines within the line level (P. 11, II. 4-7).

Systems and processes operate at the line item level 370 within the line level 360 (P. 11, II. 8-9). The line item level 370 includes detailed line

items, or line item data, for each claim against a particular line in the line level 360 (P. 11, ll. 9-10). For instance, a property theft line claim includes line item data for each piece of property stolen (P. 11, ll. 10-12). The line item data is stored within a line item database (P. 11, ll. 12-13). Line item data fields vary depending on the nature of the item (P. 11, ll. 13-14).

Fig. 4 illustrates the three processes that run inside line item level 370 (P. 11, ll. 19). For example, the capture line item data process 410 receives line item data entered by claimant client 110 or claim handler client 120 into the line item database stored in insurance host server 130 (P. 11, ll. 19-21).

Fig. 5 illustrates the flow of information between the various clients and servers (P. 12, ll. 12-13). Beginning at the top of the figure, a claimant on claimant client 110 operates claimant interface 500 to interact with insurance host server 130 (P. 12, ll. 13-14). A claimant on claimant client 110 uses claimant interface 500 to access insurance host server 130 (P. 12, ll. 21-22). The claimant accesses the insurance host server 130 after having “tunneled down” a website that was being accessed at one of the higher levels within the claims folder, e.g., from the claim level (P. 13, ll. 2-4). Once access from claimant interface 500 to insurance host server 130 is granted, the claimant through claimant interface 500 may enter line items

into the line item level database in insurance host server 130, and insurance host server 130 may present various queries to the claimant at claimant interface 500 to which the claimant gives responses (P. 13, ll. 4-8).

Line item data is accessed by claim handler interface 505 from insurance host server 130, and evaluation information is exchanged between claim handler interface 505 and insurance host server 130 (P. 13, ll. 15-18).

Fig. 6 illustrates a flowchart of the capture line item data process 410 (P. 14, l. 16). The capture line item data process 410 is generally initiated by a claimant operating on claimant client 110 (P. 14, ll. 16-19). The capture line item data process 410 is initiated after the claimant has “tunneled down” to the line item level web screen served by the insurance host server 130 (P. 14, ll. 20-22).

The process starts when a claimant elects (step 600) to be taken to an existing claim (P. 15, ll. 1-2). When the process is started, the insurance host server 130 serves up a logon screen to claimant interface 500 (P. 15, ll. 2-3). The claim interface 500 verifies the claim number and password to insurance host server 130 where insurance host server 130 accesses the claim level database and validates that the claim number and password are valid (step 606) (P. 15, ll. 8-11).

If the claim number and password are a valid combination, various data from the policy level, insured level, claim level, claimant level, and line level is displayed in a web page served by insurance host server 130 to claimant interface 500 (step 608) (P. 15, ll. 13-15). The data includes items, such as the date of the loss or injury, time of the loss or injury, policy number, Social Security Number of the claimant, the claimant's name, address and phone numbers (P. 15, ll. 15-18).

Should it be determined in step 612 that line item level data for a particular line level has not been previously entered, the claimant client 110 is given the option to enter line item data via a spreadsheet (steps 624; 626; 628; 630 and 632) or via a web-based process (steps 616; 618 and 620) (see Fig. 6). For example, the insurance host server 130 gives the claimant the option of entering his data in FastPath™ format (step 614) (P. 16, ll. 12-13). Fast Path™ is an opportunity for the claimant to upload a blank, but formatted, spreadsheet from insurance host server 130 to claimant client 110 (P. 16, ll. 13-14). Using the Fast Path™ option, the claimant at claimant client 110 fills in the spreadsheet with all of his line item level data and then uploads the spreadsheet (P. 16, ll. 15-16).

If the user selects the Fast Path™ option, the insurance host server 130 queries the claimant client 110 to determine whether a spreadsheet

needs to be downloaded from insurance host server 130 to claimant client 110 (step 624) (P. 16, ll. 19-21). If the claimant client needs the appropriate spreadsheet, the insurance host server 130 determines the appropriate spreadsheet for that type of insurance claim (step 626), and downloads the appropriate spreadsheet to the claimant client 110 (step 628) (P. 17, ll. 3-6). The claimant on claimant client 110 completes the spreadsheet (step 630) and uploads the completed spreadsheet with all of the line item data into insurance host server 130 (step 632) (P. 17, ll. 6-8). This results in the line item data being aggregated and stored in the insurance host server 130 (step 622) (P. 18, ll. 14-15).

If the claimant chooses to not use the FastPath™ option and to use the web-based process option, the insurance host server tunnels down through the item tree (step 616) (P. 17, ll. 9-10). Stored on insurance host server 130 is a plurality of item trees (P. 17, ll. 10-11). For each different type of insurance, there is a different item tree (P. 17, l. 11). For instance, for property insurance on a theft, the top level of the item tree may display groups such as electronics, jewelry, furniture, appliances, miscellaneous personal property, furnishings, clothing, and additional living expenses (P. 17, ll. 12-14). The insurance host server 130 chooses the appropriate item tree based on the line and displays the top level of that tree in a web page

to the claimant via claimant interface 500 (step 616) (P. 17, ll. 18-20).

The claimant tunnels through the tree of line item data until he reaches the line item that he or she wishes to enter (step 618) (P. 17, ll. 21-22). The claimant enters the line item data (step 620) (P. 17, l. 22). Line item data includes detailed information about the line item particular to that item (P. 17, l. 23). For instance, for property insurance, the line item may include data that includes the type of item, the location of the item in the home, how many of the item were stolen, the cost of the item, the year of purchase, the name of the owner, where the item was purchased, and check boxes indicating whether there are any receipts, photos, manuals, or other documentation that that particular item was actually in the house (P. 18, ll. 1-5). This results in the line item data are aggregated and stored in the insurance host server 130 (step 622) (P. 18, ll. 14-15).

The updated line item level database is displayed in summary form as a web page from insurance host server 130 to claimant interface 500, including the newly entered line item level data (step 634) (P. 18, ll. 16-18). The claimant is able to edit specific line item level data by double clicking on that particular line item (step 636), thereby he or she is taken to the line item data entry screen and allowed to change various features of the line item data in the edit data block (step 640) (P. 18, ll. 18-21). The claimant is

given the option to enter more line items (step 638) (P. 18, ll. 21-22). If not, the capture line item data process ends (step 642) (P. 18, l. 22).

There are no means-plus-function terms or step-plus-function terms in independent claims 1, 15, 29 and dependent claims 3-5, 9-12, 17-19, 23-26, 31-33, 37-40 and 43-45, which are argued separately below in Section VII.

VI. GROUND OF REJECTION TO BE REVIEWED ON APPEAL

There are two grounds of rejection presented for review:

- 1) the rejection of claims 1-42 for being obvious under 35 U.S.C. § 103(a) in view of Field and Little et al.; and
- 2) the rejection of claims 43-45 for being obvious under 35 U.S.C. § 103(a) in view of Field, Little et al. and Reed et al.

VII. ARGUMENT

A. 35 U.S.C. § 103

1. Field and Little et al.

a. Claims 1, 2, 6-8 and 12-14

Claims 1, 2, 6-8 and 12-14 were rejected in the Office Action of October 20, 2005 (hereinafter “the Office Action”) under 35 U.S.C. §103 as being

obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, independent claim 1 recites "presenting the client computer with an option to enter line item data regarding the claim through a web-based process or through a spreadsheet." Field fails to disclose this cited process. The Office Action has relied on the following passage of Field as disclosing the process:

As illustrated in FIG. 8, the software 63 executing on the sentinel computer 62 at the SPE location 60 performs a variety of functions: capturing and storing data from the SPE's accounting system (63a), transmitting to and receiving from the central location 50 summary data (63b); and reporting program information to the SPE (63c).

Central Location

The central location 50 processes data received from the sentinels 42 and 62 and generates all reports. The reports are transferred back to both the individual providers and the SPE's operating agents. Data from the commercial paper dealer and the contract are entered into the system 30 at the central location 50. The computer system 51 at central location 50 preferably has three types of computers. An input/output computer 52 is preferably an Intel processor, with the Microsoft "Windows for Workgroups" operating environment, and a database application developed using Microsoft's "Access" database program. In addition, it preferably has one five-hundred-megabyte hard drive, a fax/modem, a remote control communication software package, preferably International Software's Remote Office.TM., and a virus-screening package. During

the time when the I/O computer 52 is communicating with other offsite computers, it is disconnected from the local area network 54. After the I/O computer 52 has received all of the incoming data, it transfers the data to primary file server 56 for processing. The primary file server 56 processes the data and transfers back reports to the computer 52 to transmit to the provider's sentinel system 42 or the SPE's sentinel system 62. Primary file server computer 56 preferably includes an Intel processor, the Microsoft "Windows for Workgroups" operating environment, a database program comprising a routine version of the Microsoft "Access" database program, and a statistics application developed using Microsoft's "Excel" spreadsheet program. It also has a one-gigabyte hard drive. A second file server 58 is provided to back-up the primary file server 56. It has the same configuration as the primary
(Col. 7, ll. 31-67)

The above passage regards the processing and structure of an information management system 30 "that supports access of a healthcare provider or other receivable seller 31 to the commercial paper market 32" wherein a financial vehicle known as a special purpose entity (SPE) is used to issue commercial paper (Col. 1, ll. 24-26 and Col. 5, ll. 14-19) The passage is silent as to any computer presenting an option to enter line item data regarding an insurance claim through a web-based process or through a spreadsheet. While the passage does mention a spreadsheet, it is with respect to a statistics application (Col. 7, ll. 63-65). The passage is silent as to entering line item data of an insurance claim. The passage is also silent as to entering line item data of an

insurance claim via a web-based process. The management system 30 of Field captures and manipulates data from four sources: 1) the receivable seller's accounting system 36, 2) the SPE's operating agent's accounting system 38, 3) the SPE's commercial paper dealer 34 and 4) the contract between the SPE and the receivable seller 31 (FIGS. 2-5; Col. 5, ll. 23-29). At best, Field describes capturing claim information that was previously entered into the provider's accounting system 36. Nowhere does Field describe the inputting of line item data of an insurance claim into the accounting system 36 via a web-based process or through a spreadsheet (Col. 8, ll. 35-58). In summary, Field does not remotely disclose nor suggest the recited "presenting" process.

Little et al. does not cure the deficiencies of Field in that Little et al. does not disclose nor suggest altering Field so that an option for entering line item data regarding an insurance claim via either a spreadsheet or a web-based process is presented. Without such suggestion, the rejection is improper.

The rejection of claim 1 is improper for the additional reason that Field does not disclose nor suggest the process of querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded when a spreadsheet option is selected. The Office Action relies on the following passage of Field as disclosing the "querying" process mentioned above:

The first steps in implementing a commercial paper program, both in setting up the program and in running it on a day-to-day basis, is capturing claim data from the provider's accounting system 36. FIG. 11 shows the typical flow of a patient claim from origination through payment as experienced by the provider. The claim begins with the assignment of a unique identification number to the patient. The provider then verifies that the services to be performed are covered by the patient's insurance, and the services are performed. The billing department consolidates the charges for all services performed in the provider's accounting system and submits the claim to the payor. The payor accepts the claim or, depending on the quality of the provider's insurance verification process, rejects the claim outright citing contractual issues or rejects specific line items in the claim. If the claim is rejected, it goes back to the billing department where, if appropriate, it is modified for resubmission. After acceptance by the payor, the claim is then discounted for contractual adjustments, and paid. FIGS. 12A and 12B illustrate typical data fields found in electronic claims records stored or originating in a provider accounting system 36. Claim records exported from accounting system 36 to sentinel system 42 preferably include substantially all the data fields illustrated in FIGS. 12A and 12B.

FIG. 13 shows data structures for export files that can be used to export claim records or other information from the provider's accounting system 36 across the local area network 44 to the sentinel computer 42. Mainframe software 110 (including, but not limited to, the accounting software executing on the mainframe) generates and manipulates these export files. Regardless of what export file language is used, the export file is accompanied by an export specification that defines what data items are in each field in the

data file. The file is downloaded to the sentinel 42 over the network 44 where it is captured by the sentinel system 42 using the Tools & Technologies' Data Junction.TM. program. The same file exporting technique is used to export data from an SPE's mainframe 66. If a single provider tracks receivables at geographically separate locations, the system 30 employs sentinel systems 42 at each provider site 40.

FIG. 14 depicts how data moves through a provider's accounting system. Data is initially input into the system through several sub-accounting systems (36a). Subsystems 36a each represent, for example, a point of data input at the provider. For example, x-rays are charged for through the radiology sub-accounting system. Accounting system 36 aggregates all of the information for each patient off of the sub-accounting system 36a. This information is then stored in an electronic claim record on the computer and put onto the billing form appropriate for each third party payor involved with a specific patient. If the claim is not eligible for payment by an approved payor, the payor field in the claim record is set to "ineligible" or the like. There are two primary places in this flow of information through the accounting system to capture claim data for export by the provider's mainframe 46. First, the data can be extracted from the accounting system 36 in a batch mode. When the accounting system 36 is updated for new claims, payments on existing claims or other changes, the new or updated claims are flagged and the mainframe software 110 is programmed to both write this data to an export file and notify the sentinel computer system 42 of the update. The sentinel system 42 then reads the export file. Preferably, the export file is a standardized format so that all sentinels 42 receive the provider electronic claim recorded in the same format. The export data software of mainframe software 110 is thus

configured to convert data from the provider's accounting system format to the standardized export format. Alternatively, the software on sentinel 42 can convert the exported records to a standardized format upon receipt of the export file.
(Col. 8, l. 35-Col. 9, 38)

The above passage is silent as to querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded. Accordingly, Field does not remotely disclose nor suggest the recited "querying" process.

Little et al. does not cure the deficiencies of Field in that Little et al. does not disclose nor suggest altering Field so that Field queries a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded. Without such suggestion, the rejection is improper and should be withdrawn.

For the above reasons, the rejection of claim 1 is improper and should be withdrawn. Claims 2, 6-8 and 12-14 depend directly or indirectly on claim 1 and so their rejections should be withdrawn for the same reasons stated above with respect to claim 1.

b. Claim 3

Claim 3 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claim 3 depends indirectly on claim 1 and so is patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.a as to why claim 1 is patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to receive a password as part of receiving claim identification information. The Office Action has asserted that Field discloses receiving a password at lines 35-58 of column 8. A review of the passage does not mention receiving a password. While the passage mentions assigning a unique identification number to the patient (Col. 8, ll. 40-41) there is no mention that such a number is used for gaining access to any portion of the system. Accordingly, the recited identification number does not act as a password. Since Little et al. does not suggest altering Field to receive a password as part of receiving claim identification, the rejection is improper and should be withdrawn.

c. Claim 4

Claim 4 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claim 4 depends directly on claim 3 and so is patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.b as to why claim 3 is patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to validate both a password and a claim number. The Office Action has asserted that Field discloses receiving a password at lines 35-58 of column 8. A review of the passage does not mention validating either a password or a claim number. Furthermore, the passage certainly does not describe validating both a password and a claim number as recited in the claim. Since Little et al. does not suggest altering Field to validate both a password and a claim as part of receiving claim identification, the rejection is improper and should be withdrawn.

d. Claim 5

Claim 5 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claim 5 depends directly on claim 1 and so is patentable

over Field and Little et al. for at least the same reasons given above in Section VII.A.1.a as to why claim 1 is patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to issue a fraud warning during the receiving of claim identification information. The Office Action has conceded that Field does not issue a fraud warning. The Office Action has relied on a passage at lines 35-58 of column 7 of Little et al. as suggesting having Field issue a fraud warning. The passage of Little et al. is given below:

Next, the system 20 determines whether review codes requiring further review are present on any line in the payment request (step 224). If no such review codes are present, the system 20 assumes that the entire payment request is payable and returns (step 230). If review codes requiring further review are present, the system 20 processes the line item with the highest priority review code (step 222). The priority of review codes is pre-determined by the user of the system 20 following the perceived likelihood of fraud or mistake for that type of procedure or payment request. For example, a review code indicating a review for the presence of an assisting surgeon could be considered a higher priority than a review code indicating review of more than one surgical procedure performed on the same day for the same patient, and would be processed first.

Those skilled in the art will understand that the examples provided herein are merely illustrative of the great number and combination of health care services, procedures and materials for which payment may be requested, of current medical practices and of

possible contractual obligations between payers, health care providers and patients. Each user of the system 20 will have its own particular review criteria based on contractual obligations, patient and provider payment request patterns, and the like. The examples given herein will be recognized as typical to those encountered within the art.

After the system 20 processes the highest priority review code listed on the payment request (step 222), the system 20 tests the results of the review to determine whether the review process rejected the payment re-
(Col. 7, ll. 35-58)

The above passage is silent regarding issuing a fraud warning. While the passage mentions determining the priority of review codes “following the perceived likelihood of fraud or mistake for that type of procedure or payment request” (Col. 7, ll. 34-37), that is a far cry from suggesting issuing a fraud warning. Since Little et al. does not suggest altering Field to issue a fraud warning, the rejection is improper and should be withdrawn.

e. Claims 9 and 11

Claims 9 and 11 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claim 9 depends indirectly on claim 1 and so is patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.a as to why claim 1 is patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to display an item tree of line item data of an insurance claim based on the line level when a web-based process option is selected. The Office Action has asserted that Field discloses displaying an item tree when a web-based option is selected at lines 1-58 of column 8. However, the passage does not mention selecting a web-based process for entering line item data for an insurance claim. Furthermore, the passage does not mention displaying an item tree of a line item. Since Little et al. does not suggest altering Field to display an item tree of line item data of an insurance claims based on the line level when a web-based process option is selected, the rejection is improper and should be withdrawn.

Claim 11 depends directly on claim 9 and so its rejection should be withdrawn for the same reasons stated above with respect to claim 9.

f. Claim 10

Claim 10 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claim 10 depends directly on claim 9 and so is patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.e as to why claim 9 is patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to tunnel through the item tree of line item data of an insurance claim when a web-based process option is selected. The Office Action has asserted that Field discloses the recited tunneling at lines 31-67 of column 6. However, the passage does not mention either selecting a web-based process for entering line item data for an insurance claim or tunneling through an item tree. Since Little et al. does not suggest altering Field to tunnel through the item tree of line item data of an insurance claim when a web-based process option is selected, the rejection is improper and should be withdrawn.

g. Claims 15, 16, 20-22, 26-30, 34-36 and 40-42

Claims 15, 16, 20-22, 26-30, 34-36 and 40-42 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, independent claims 15 and 29 recite either a memory for storing a program (claim 15) or a computer readable medium (claim 29) that contains instructions for presenting the client computer with an option to enter line item data through a web-based process or through a spreadsheet. The recited “presenting” processes are either identical (claim 15) or substantially similar (claim 29) to the “processing” process recited in claim 1. Accordingly, Field fails to disclose a program that includes instructions

for the cited “presenting” processes for reasons similar to those given above in Section VII.A.1.a.

Little et al. does not cure the deficiencies of Field in that Little et al. does not disclose nor suggest altering a stored program in Field so that instructions for presenting an option for entering line item data regarding an insurance claim via either a spreadsheet or a web-based process are used. Without such suggestion, the rejection is improper.

The rejections of claims 15 and 29 are improper for the additional reason that Field does not disclose nor suggest a stored program or a computer readable medium that includes instructions for querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded when a spreadsheet option is selected. The recited “querying” processes of claims 15 and 29 are identical to the “querying” process recited in claim 1. Accordingly, Field fails to disclose a program that includes instructions for the cited “querying” process for reasons similar to those given above in Section VII.A.1.a.

Little et al. does not cure the deficiencies of Field in that Little et al. does not disclose nor suggest altering a stored program or a computer readable medium in Field so as to present instructions for querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim

needs to be downloaded. Without such suggestion, the rejection is improper and should be withdrawn.

For the above reasons, the rejection of claims 15 and 29 are improper and should be withdrawn. Claims 16, 20-22, 26-28, 30, 34-36 and 40-42 depend directly or indirectly on claims 15 and 29 and so their rejections should be withdrawn for the same reasons stated above with respect to claims 15 and 29.

h. Claims 17 and 31

Claims 17 and 31 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claims 17 and 31 depend indirectly on claims 15 and 29, respectively, and so are patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.g as to why claims 15 and 29 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to have a program with instructions for receiving a password as part of receiving claim identification information. The recited “receiving” processes of claims 17 and 31 are substantially identical to the “receiving” process recited in claim 3. Accordingly, the rejection is improper for reasons similar to those given above in Section VII.A.1.b.

i. Claims 18 and 32

Claims 18 and 32 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claims 18 and 32 depend directly on claims 17 and 31, respectively, and so are patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.h as to why claims 17 and 31 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to have a program with instructions for validating both a password and a claim number. The recited “validating” processes of claims 18 and 32 are substantially identical to the “validating” process recited in claim 4. Accordingly, the rejection is improper for reasons similar to those given above in Section VII.A.1.c.

j. Claims 19 and 33

Claims 19 and 33 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claims 19 and 33 depend directly on claims 15 and 29, respectively, and so are patentable over Field and Little et al. for at

least the same reasons given above in Section VII.A.1.g as to why claims 15 and 29 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to have a program with instructions for issuing a fraud warning during the receiving of claim identification information. The recited “issuing” processes of claims 19 and 33 are substantially identical to the “issuing” process recited in claim 5. Accordingly, the rejection is improper for reasons similar to those given above in Section VII.A.1.d.

k. Claims 23, 25, 37 and 39

Claims 23, 25, 37 and 39 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claims 23 and 37 depend directly on claims 15 and 29, respectively, and so are patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.g as to why claims 15 and 29 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to have a program with instructions for displaying an item tree of line item data of an insurance claim based on the line level when a web-based process option is selected. The recited “displaying”

processes of claims 23 and 37 are substantially identical to the “displaying” process recited in claim 9. Accordingly, the rejection is improper for reasons similar to those given above in Section VII.A.1.e.

Claims 25 and 39 depend directly on claims 23 and 37, directly, and so their rejections should be withdrawn for the same reasons stated above with respect to claims 23 and 37.

I. Claims 24 and 38

Claims 24 and 38 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field and Little et al. Appellants traverse the rejection for several reasons. First, claims 24 and 38 depend directly on claims 23 and 37, respectively, and so are patentable over Field and Little et al. for at least the same reasons given above in Section VII.A.1.k as to why claims 23 and 37 are patentable over the references.

The rejection is improper for the additional reason that there is no motivation in either Field or Little et al. to have a program with instructions for tunneling through the item tree of line item data of an insurance claim when a web-based process option is selected. The recited “tunneling” processes of claims 24 and 38 are substantially identical to the “tunneling” process recited in claim 10. Accordingly, the rejection is improper for reasons similar to those

given above in Section VII.A.1.f.

2. Field, Little et al. and Reed et al.

a. Claim 43

Claim 43 was rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field, Little et al. and Reed et al. Appellants traverse the rejection for several reasons. First, claim 43 depends directly on claim 1. As pointed out in Section VII.A.1.a, Field and Little et al. each fail to suggest altering Field to either 1) present “the client computer with an option to enter line item data regarding the claim through a web-based process or through a spreadsheet” or 2) querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded when a spreadsheet option is selected. Since Reed et al. does not suggest such an alteration either, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that there is no motivation for Field to note whether a client computer has a particular spreadsheet. The Office Action has conceded that both Field and Little et al. do not disclose the claimed process of claim 43. The Office Action asserts that Reed et al. suggests altering Field to use the process of claim 43. The Office Action has relied on a passage at column 78 of Reed et al. as suggesting Field

to note whether a client computer has a particular spreadsheet. The passage is given below:

Another approach to web content customization is commonly referred to as "cookies". A cookie is a data structure passed from a web server to a browser as part of the HTTP protocol. Cookies are produced by the web server and stored locally in a preferences file by the browser. When the user next connects to the web server with the browser, the web server can interrogate the browser for the cookie and use it to identify the user. The cookie can additionally store preference data about the user, whether entered manually by the user via HTML forms or collected automatically by the web server based on the user's browsing choices. Cookies are an attempt to surmount the manual data entry and maintenance requirements of the first approach above. Unfortunately, cookies are not directly viewable or editable by the consumer, nor do cookies give the consumer any control over the data collected or transmitted by the cookie. (Some browsers do give consumers the ability to turn off the cookie function altogether.)

A communications object system overcomes these limitations by replacing the cookie with a communications object 110 from the provider. In fact such an improvement can be made under the existing HTTP protocol if a communications object exchange is initiated manually by the consumer during a browsing session by clicking on a hyperlink representing a communications object 110 on a web page presented by the web server. The resulting download of a communications object 110 can trigger a data exchange receipt method 141 which automatically transmits back to the web server any necessary data elements 143 from the consumer

database 21. This can be controlled by rules 140 imposed by the consumer. The web server can then prepare and return customized content for the consumer program 22 to display to the browser. Alternatively, the web server can return another communications object 110 to repeat the information interchange process. In contrast to cookies, the consumer can be completely in control of this process. The consumer can view the elements 143 of the relevant communications object; edit those elements 143 which involve consumer preferences; and apply rules 140 governing data access, data security, and data logging by the communications object. These improvements can bring rich, automated new forms of web content personalization with none of the disadvantages of cookies. (Col. 78, ll. 25-67)

The above passage is silent as to identifying whether a client computer has a particular spreadsheet. Indeed, the passage does not make any mention about a spreadsheet. Accordingly, Reed et al. does not suggest altering Field to employ the process of claim 43. For the above reasons, the rejection of claim 43 is improper and should be withdrawn.

b. Claims 44 and 45

Claims 44 and 45 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Field, Little et al. and Reed et al. Appellants traverse the rejection for several reasons. First, claims 44 and 45 depend directly on claims 15 and 29, respectively. As pointed out in Section VII.A.1.g,

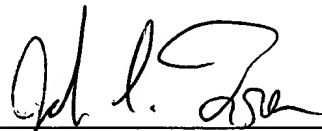
Field and Little et al. each fail to suggest altering Field to use a program that includes instructions for either 1) presenting the client computer with an option to enter line item data through a web-based process or through a spreadsheet or 2) querying a client computer to determine whether a spreadsheet appropriate for a type of insurance claim needs to be downloaded when a spreadsheet option is selected. Since Reed et al. does not suggest such an alteration either, the rejection is improper and should be withdrawn.

The rejection is improper for the additional reason that there is no motivation for Field to use a program that has instructions to note whether a client computer has a particular spreadsheet. The Office Action has conceded that both Field and Little et al. do not disclose the claimed processes of claims 44 and 45. The Office Action asserts that Reed et al. suggests altering Field to use the process of claims 44 and 45. The Office Action has relied on the same passage of Reed et al. set forth above in Section VII.A.2.a as suggesting Field to use a program that includes instructions to note whether a client computer has a particular spreadsheet. As pointed out in Section VII.A.2.a, Reed et al. does not suggest altering Field to employ a process with instruction to perform the process of claims 44 and 45. For the above reasons, the rejections of claims 44 and 45 are improper and should be withdrawn.

For the reasons give above, Appellants respectfully submit that the

rejections should be withdrawn and the claims should be allowed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John C. Freeman", written over a horizontal line.

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Dated: January 20, 2006

VIII. CLAIMS APPENDIX

1. A method for capturing line item data processing system, comprising:
 - receiving claim identification information from a client computer, said claim identification information identifying an insurance claim;
 - presenting the client computer with an option to enter line item data regarding the claim through a web-based process or through a spreadsheet;
 - when the spreadsheet option is selected:
 - querying the client computer to determine whether a spreadsheet appropriate for the type of insurance claim needs to be downloaded to the client computer, the spreadsheet receives the line item data;
 - downloading the spreadsheet appropriate for the type of insurance claim to the client computer;
 - inserting line item data into the spreadsheet appropriate for the type of insurance claim;

aggregating the line item data collected from the client computer;

storing the line item data in an insurance host server; and

when the web-based process option is selected:

providing the client computer with an item tree of line item data based on the line level;

aggregating the line item data collected from the client computer; and

storing the line item data in an insurance host server.

2. The method of claim 1, wherein the receiving claim identification information further includes receiving a claim number.

3. The method of claim 2, wherein the receiving claim identification information, further includes receiving a password.

4. The method of claim 3, wherein the receiving claim identification information, further includes validating the password and the claim number.

5. The method of claim 1, wherein the receiving claim identification information further includes issuing a fraud warning.

6. The method of claim 1, further comprising receiving information into the spreadsheet when the spreadsheet option is selected.

7. The method of claim 6, wherein the aggregating comprises aggregating line item data in the spreadsheet when the spreadsheet option is selected.

8. The method of claim 6, wherein the aggregating further comprises uploading the spreadsheet to the insurance host server when the spreadsheet option is selected.

9. The method of claim 1, wherein the providing comprises displaying an item tree of line item data based on the line level when the web-based process option is selected.

10. The method of claim 9, wherein the providing further comprises tunneling through the item tree when the web-based process option is selected.

11. The method of claim 9, wherein the providing further comprises receiving a selection of line item data from the item tree when the web-based process option is selected.

12. The method of claim 1, wherein the aggregating comprises updating a display of line items based on claimant's selected line items when the web-based process option is selected.

13. The method of claim 1, further comprising updating a display of aggregated line item data from the insurance host server when either the spreadsheet or the web-based process option is selected.

14. The method of claim 1, further comprising editing a listing of aggregated line item data from the insurance host server when either the spreadsheet or the web-based process option is selected.

15. A system for capturing line item data, comprising:
a processor for executing programs; and
a memory for storing a program executable by the processor, the stored program including instructions for:

(i) receiving claim identification information from a client computer, said claim identification information comprising, a line level identifying an insurance claim;

(ii) presenting the client computer with an option to enter line item data regarding the claim through a web-based process or through a spreadsheet;

(iii) when the web-based process option is selected:

(a) providing the client computer with an item tree of line item data based on a line level; and

(b) aggregating the line item data collected from the client computer;

(iv) when the spreadsheet option is selected:

(a) querying the client computer to determine whether a spreadsheet appropriate for the type of insurance claim needs to be downloaded;

(b) downloading the spreadsheet appropriate for the insurance claim;

(c) inserting line item data into the spreadsheet appropriate for the type of insurance claim;

(d) aggregating the line item data collected from the client computer, and

(v) storing the line item data in an insurance host server when either the spreadsheet or the web-based process option is selected.

16. The system of claim 15, wherein the receiving claim identification information includes receiving a claim number from the client computer.

17. The system of claim 16, wherein the receiving claim identification information includes receiving a password from the client computer.

18. The system of claim 17, wherein the receiving claim identification information includes validating the password and claim number.

19. The system of claim 15, wherein the receiving claim identification information includes issuing a fraud warning.

20. The system of claim 15, further comprising receiving information into the spreadsheet when the spreadsheet option is selected.

21. The system of claim 20, wherein the aggregating the line item data includes aggregating line item data in the spreadsheet when the spreadsheet option is selected.

22. The system of claim 20, wherein the aggregating the line item data includes uploading the spreadsheet to the insurance host server when the spreadsheet option is selected.

23. The system of claim 15, wherein providing includes displaying an item tree of line item data based on the line level when the web-based process option is selected.

24. The system of claim 23, wherein the providing includes tunneling through the item tree when the web-based process option is selected.

25. The system of claim 23, wherein the providing includes receiving a selection of a line item data from the item tree when the web-based process option is selected.

26. The system of claim 15, wherein the aggregating the line item data includes updating a display of line items based on a claimant's selected line items when the web-based process is selected.

27. The system of claim 15, wherein the stored program further includes instructions for updating a display of aggregated line item data from the insurance host server.

28. The system of claim 15, wherein the stored program further includes instructions for editing a listing of aggregated line item data from the insurance host server.

29. A computer readable medium containing instructions for controlling a computer system to perform a method for capturing line item data, the method comprising:

- receiving claim identification information from a client computer, said claim identification information comprising a line level identifying an insurance claim;

- presenting the client computer with an option to enter line item data through a web-based process or through a spreadsheet:

- when the spreadsheet option is selected:

- querying the client computer to determine whether a spreadsheet appropriate for the type of insurance claim needs to be downloaded to the client computer;

- downloading the appropriate spreadsheet to the client computer; inserting line item data into the spreadsheet appropriate for the type of insurance claim;

aggregating the line item data collected from the client computer;

storing the line item data in an insurance host server; and
when the web-based process is selected:

providing the client computer with an item tree of line item level data based on a line level;

aggregating the line item data collected from the client computer; and

storing the line item data in an insurance host server.

30. The computer readable medium of claim 29, wherein the receiving claim identification information includes receiving a claim number from the client computer.

31. The computer readable medium of claim 30, wherein the receiving claim identification information, further includes receiving a password from the client computer.

32. The computer readable medium of claim 31, wherein the receiving claim identification information, further includes the validating the password and the claim number.

33. The computer readable medium of claim 29, wherein the receiving claim identification information, further includes issuing a fraud warning.

34. The computer readable medium of claim 29, further comprising receiving information into the spreadsheet when the spreadsheet option is selected.

35. The computer readable medium of claim 29, wherein the aggregating comprises aggregating line item data in the spreadsheet when the spreadsheet option is selected.

36. The computer readable medium of claim 29, wherein the aggregating comprises uploading the spreadsheet to the insurance host server when the spreadsheet option is selected.

37. The computer readable medium of claim 29, wherein the providing comprises displaying an item tree of line item data based on the line level when the web-based process option is selected.

38. The computer readable medium of claim 37, wherein the providing further comprises tunneling through the item tree when the web-based process option is selected.

39. The computer readable medium of claim 37, wherein the providing further comprises receiving a selection of a line item data from the item tree when the web-based process option is selected.

40. The computer readable medium of claim 29, wherein the providing comprises updating a display of line items based on a claimant's selected line items when the web-based process option is selected.

41. The computer readable medium of claim 29, further comprising updating a display of aggregated line item data from the insurance host server.

42. The computer readable medium of claim 29, further comprising editing a listing of aggregated line item data from the insurance host server.

43. The method of claim 1, wherein the querying performed when the spreadsheet option is selected comprises:

checking a cookie on the client computer; and

noting whether the client computer has a particular spreadsheet.

44. The system of claim 15, wherein the querying performed when the spreadsheet option is selected comprises instructions for:

checking a cookie on the client computer; and

noting whether the client computer has a particular spreadsheet.

45. The computer readable medium of claim 29, wherein the querying performed when the spreadsheet option is selected comprises:

checking a cookie on the client computer; and

noting whether the client computer has a particular spreadsheet.

IX. **EVIDENCE APPENDIX**

None.

X. **RELATED PROCEEDINGS APPENDIX**

None.